

FOR OFFICE USE ONLY
CLAIM NUMBER:

STATEMENT OF CLAIM — MATERIAL/EQUIPMENT

1. Company Making Complaint:			2. Complaint Against:		
Company Name			Name		Regis #
Name of Representative Position/Title		Position/Title	Company		
Mailing Address			Mailing Address		
ity	Zıp	Phone(s)	City	Zip	Phone(s)
			<u> </u>		
I. Materials or equipment were used for work in Rhode Island:			FOR OFFICE USE ONLY		
Job Site Address(es):		Registration Dates		
Desired as as as	· . · . ·	···	Claim Type		
 Beginning date of Ending date of inv 			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
		nave been filed relating to			
•)			
Check this box if this issue has been submitted to a court or arbitration for determination or resolution, and attach			Registered Name of Builder		
details.					
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Please complete the	following recap an	d attach to this Statement of t first, most recent last). To	of Claim two copies of each	ch invoice listed or	the recap. Invoices mus
or nated at Grifonois	Gical Older (Oldes	t mst, most recent last). The	ne total amount claimed	must reconcile w	ith the invoices attached
DATE OF INVOICE	INVOICE #	INVOICE AMOUNT	DATE OF INVOICE	INVOICE #	INVOICE AMOUNT
7		•			
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